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Provider Education for the Hospital Utilization Review Audit Process

The purpose of this memorandum is to provide educational information about the annual Medicaid Fee-for-Service Hospital Utilization Review audits. This information is presented in a question and answer format and is based on the most frequently asked questions received by DMAS. The top five questions and answers are listed below. Additional information is also available in the form of a Power Point presentation and may be viewed on the DMAS website at http://www.dmas.virginia.gov/downloads/ln-FAQs_UR_%20DRG_audits.ppt under the Learning Network link.

Medicaid Fee-for-Service Hospital Utilization Review Audits: Frequently Asked Questions

1. Why Does the Certification Have to Be Dated on the Day of Admission?

- The *Code of Federal Regulations* (CFR), Title 42, § 456.60 for admissions to hospitals, states that the certification must be made at the time of admission.
- If an individual applies for benefits while in the hospital, the certification must be completed before the claim is paid by DMAS.
- It is acceptable to complete a Medicaid admission certification even if the patient is "Self Pay" when admitted. The patient might receive retroactive Medicaid benefits later.

2. What is the Format for an Admission Certification?

- There is no standardized certification form. A sample form is found in the Medicaid *Hospital Manual*, Chapter VI, Exhibits section.
- Hospitals may design their own forms.
- Hospitals may use a stamp stating "Certified for Necessary Hospital Admission." A Physician must sign and date on the date of admission.
- Physicians may write "Certified for Necessary Hospital Admission" in the record, and sign and date on the date of



admission.

- Refer to *CFR* § 456.60 for information on hospital admissions.

3. Where is the Information Specific to Audits of Psychiatric Facilities? Program and utilization review requirements are described in the Psychiatric Services Manual.

- Chapter IV describes covered services.
- Chapter VI describes utilization review.

4. What Information is Included in the Audits for Psychiatric Admissions?

Utilization Management Plan must comply with 42 CFR 456.100-145.

- Review of certifications
- Review of plans of care
- Verification of required evaluations
- Validation of prior authorization documentation, including InterQual® criteria
- Validation of services provided by qualified professionals
- Dated signatures required on all medical documentation

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the



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“Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The “HELPLINE” numbers are:

1-804-786-6273 Richmond area and out-of-state long distance

1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program

information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect



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providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.